## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ILLINOIS VOICES MATTER	C C00605725
	0 3000072
Check if 24-hour report 48-hour report New report Amends report fi	led on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Digital Turf	03 10 2016
Mailing Address 27 Clear Brook Crossing	Amount
City State Zip Code	40000.00
Kennebunk ME 04043	Transaction ID : SE.4114  Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising  Category/ Type	03 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
ANDREA ZOPP Oppose	President State: IL
	sbursement For: X Primary General  16 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Media Place Partners	03
Mailing Address 2249 Wealthy St,	Amount
Suite 204	Amount
City State Zip Code	165000.00
East Grand Rapids MI 49506	Transaction ID : SE.4115  Date of Disbursement or Obligation
Purpose of Expenditure TV Advertising  Category/ Type	03 / 03 / 2016
	ffice Sought: House District: 00
ANDREA ZOPP Oppose	President Senate State: IL
	isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Robert C. Allen  [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	